

Complete each SECTION with the information requested below:

SECTION I - GENERAL BUSINESS INFORMATION

1. FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER:

Please provide either the Federal Identification Number (FEIN) or your Social Security Number (SSN). Check the appropriate box. **This is the key to your file and will be used by the state to identify your company.**

2. COMPANY NAME: Enter the name under which you legally do business. The name that you designate as the name of your organization must be the same as the name that you list on bids or other legal documents with the state, and the name recorded with the IRS.

3. COMPANY ADDRESSES: Please enter the exact physical address of your organization. You must also provide a telephone and fax number (if applicable). Enter business email ID and/or website addresses.

3.1 And 3.2 And 3.3 If you would like bids, purchase orders, and remittances sent to an address or location other than your principal place of business, enter this address in the space provided (e.g., branch office, post office box, etc.) Otherwise, enter same.

4. COMPANY CONTACT: Enter the name, position, and phone number of the person in your organization who will serve as your main representative. You must also complete the telephone/mobile number (include area codes and any extensions) Enter your business Email address.

Please type or print the name(s) of person(s) authorized by your company to sign bids and/or contracts for the firm. Enter each person's official title. If you are submitting your application via the Internet you must provide an email address for each person.

SECTION II – BUSINESS ASSESSMENT/NEEDS ANALYSIS

5.. PRIMARY LOCATION OF BUSINESS: Please submit a copy of your business license and authorization to transact business within the state of Tennessee. If your business is located within the state of Tennessee, submit a copy of your business license ONLY. For information on obtaining an authorization to transact business within the state of Tennessee visit: [www. http://www.state.tn.us/sos/](http://www.state.tn.us/sos/) or contact Tennessee Secretary of State at (615) 741-2286.

6. BUSINESS HISTORY:

- a. Please indicate the date the business was established. If less than two years, please submit your resume.
- b. Indicate whether or not your business has changed ownership within the last two years by checking yes or no in the blocks provided.
 - c. Please give previous firm name and owner.
 - d. Indicate whether or not you acquired or bought this business.
 - e. If business was bought or acquired, give date of acquisition or purchase.

7. TYPE OF BUSINESS ACTIVITY: Mark the appropriate business category that best describes your business activity or industry.

8. WORKFORCE: Enter the number of full-time employees who work directly for the business. Full-time employees are paid directly by the business. Do not include contract labor.

9. PROFESSIONAL BUSINESS LICENSE : If a professional license is required to conduct business, i.e., CPA, Attorney, Contractor, Security, Insurance, etc. please enter the type of work, city and state of licenses held, expiration date and business license number. **Please provide copy.**

10. GROSS ANNUAL RECEIPTS: Please circle the range that indicates your gross annual receipts for the last calendar or fiscal year.

11. PERFORMANCE INFORMATION: Please indicate whether a performance penalty has ever been assessed against you. If yes, please explain why and whom on a separate attachment.

12. **OWNERSHIP ETHNICITY:** Please only check one.

13. **Tennessee Commodity Code Bid List Registration.**

See the [alphabetetic listing of class titles](#) to aid you in selecting the specific bid lists you wish to bid. Please click on class title for subclasses.

<http://www.state.tn.us/generalserv/purchasing/alphatcc.htm>

14. **LEGAL STRUCTURE OF BUSINESS:** Indicate if the business is a “Corporation,” “Partnership,” “Sole Proprietorship” or “Limited Liability” Corporation. If incorporated, indicate in what State the incorporation papers were filed and the date incorporated. Also, submit documentation required for your legal structure.

If your business is currently certified by the U.S. Small Business Administration 8a/SDB Program, Minority Purchasing Councils, Airport Authorities, State Department of Transportation, Metro Transit Authorities or other Uniform Certification Agencies, YOU ARE NOT REQUIRED TO SUBMIT DOCUMENTATION REQUESTED FOR YOUR LEGAL STRUCTURE.

Sole Proprietorship/Individual: A non-incorporated firm or business owned by an individual I. If the business is a sole proprietorship place a mark in the block next to sole proprietorship.

Partnership: A non-incorporated firm owned by two or more persons or entities. If the business is a partnership place a mark in the block next to partnership.

LLC (Limited Liability Corporation): A legal entity that has the option of being taxed like a partnership, but shields personal assets from business debt like a corporation. If the business is a LLC, place a mark in the block next to LLC.

Corporation (S or C: Owned by one or more stockholders and which has filed for incorporation status in the United States. If the business is a corporation, place a mark in the block next to corporation.

Non-Profit: Businesses exempt from state or federal income taxes. (*The Governor's Office of Diversity Business Enterprise will only register and certifies for-profit businesses.*)

S Corporation: Subchapter S Corporation is a corporation that has elected a special tax status with the IRS. Subchapter S corporations are most appropriate for small business owners and entrepreneurs who want to be taxed as if they were sole proprietors or partners. If the business is an S Corporation, place a mark in the block next to S Corporation.

Other: If your legal structure is not listed above, provide information pertaining to your structure.

15. **KEY PERSONNEL:** List the names and titles of your key personnel.

16. **INSURANCE INFORMATION:** Please indicate the type of insurance carried by the business.

17. **INSURANCE COMPANY:** If applicable, please provide the insurance business name, address, telephone number and contact person. **Please provide copy of current certificate of insurance.**

18. **NAME OF BONDING COMPANY:** If applicable, please provide the bonding business name, address, telephone number and contact person.

19. **BONDING INFORMATION:** If applicable, please provide your business bonding limits per job, total bonding, bonding rate and bid amount limit.

20. **LIST NAME OF MAJOR DIVERSITY PROJECTS:** Please list all major projects you have participated in as a diversity business enterprise including dollar value and year.

21. **CLIENT REFERENCES:** Please list clients for which you have engaged in business opportunities including business names, addresses, telephone numbers and contact persons.

22. SPECIFIC PRODUCTS, GOODS OR SERVICES: Please indicate clearly what specific products or goods or professional services your company desires to provide to the State of Tennessee.

SECTION III- COMPANY OWNERSHIP AND MANAGEMENT CONTROL

23. Answer all questions in this section applicable to your company ownership and management. Provide documentation requested.

24. PLEASE SELECT **ONLY ONE** DIVERSITY BUSINESS CATEGORY. **EVEN THOUGH YOUR BUSINESS MAY QUALIFY FOR MULTIPLE CATEGORIES, ONLY ONE SELECTION IS ALLOWED. SELECTING MORE THAN ONE DIVERSITY BUSINESS CATEGORY WILL DELAY THE REGISTRATION PROCESS. SEE DEFINITIONS BELOW.**

Minority Business Enterprise

(MBE)"Minority Owned Business" means a minority owned business that is a continuing, independent, for profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one (1) or more minority individuals who are impeded from normal entry into the economic mainstream because of past practices of discrimination based on race or ethnic background.

"Minority" means a person who is a citizen or lawful permanent resident of the United States and who is:

- (A) African American (a person having origins in any of the black racial groups of Africa);
- (B) Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race);
- (C) Asian American (a person having origins in any of the original peoples of the Far East Southeast Asia, the Indian subcontinent, or the Pacific Islands); or
- (D) Native American (a person having origins in any of the original peoples of North America).

Women Business Enterprise

"Woman owned business" means a woman owned business that is a continuing, independent, for profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one or more women; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned and controlled by one (1) or more women and whose management and daily business operations are under the control of one (1) or more women;

Small Business Enterprise

A "Small business" mean a business that is independently owned and operated, in accordance with the provisions of this part, and is not dominant in its field of operation.

Businesses claiming status, as a **small business enterprise** must meet the annual sales volume and number of employees for their industry based on criteria adopted by the Governor's Office of Diversity Business Enterprise. (Visit www.tennessee.gov/diversity and click on "eligibility guidelines").

25. NAME OF OWNERS/PARTNERS/OFFICERS: Provide for each owner, partner and officer their name, title, gender, ethnic race, citizenship, years owned, voting and ownership percentages, number of shares, cost of shares and types of shares. Please attach additional pages as needed.

SECTION IV – REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN BUSINESS ENTERPRISE

If your business is currently certified by the U.S. Small Business Administration 8a/SDB Program, Minority Purchasing Councils, Airport Authorities, State Department of Transportation, Metro Transit Authorities or other Uniform Certification Agencies, please submit a copy of your current certification and skip #22 of this section. Provide documentation requested in #23(Primary Location of Business) only.

If your business is not certified by one of the above agencies, you must submit documentation applicable to your diversity status and business requested in this section.

26. MINORITY OR WOMEN STATUS OF PERSONS WHO OWN AT LEAST 51% OF BUSINESS Please submit two of the requested documents for each owner as required to substantiate status.

SECTION V – TECHNICAL ASSISTANCE

27. REQUESTED ASSISTANCE: On a separate sheet of paper, please provide in detail an explanation of requested assistance

28. EMAIL OF OPPORTUNITIES TO BID: The State of Tennessee has the capability to email solicitation notifications. If your email address changes at anytime, please notify the Purchasing Division in writing of this change immediately. Failure to keep your email address current could result in your company being excluded from a bid opportunity. If you do not provide an email address, you will receive your solicitation via The United States Postal Service

29. DISCLOSURE: All vendors must comply with TCA 12-4-103 “Bidding by State Employees Prohibited.” It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to The State of Tennessee during tenure of such official’s or employee’s office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.

30. AFFIRMATION: READ CAREFULLY. The principle owner must print, sign and date to affirm all information on this application. Falsification on the application may result in your firm being removed from the bidder’s list.

31. EMERGENCY INFORMATION (Optional)

General Services supports Tennessee Emergency Management Agency during disasters and emergencies. This telephone number will only be used in such cases.

CHECK YOUR APPLICATION CAREFULLY BEFORE MAILING

**Return the Substitute W-9 Form,
Bidder's Application (all pages) and TCC Bid List Subclass Registration forms to:**
*Department of General Services
Third Floor, William R. Snodgrass Tennessee Tower
312 8th Avenue, North
Nashville, Tennessee 37243-0557*